



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE

Captive Section
500 James Robertson Parkway
Nashville, Tennessee 37243
(615) 741-1670

Bill Haslam
Governor

Julie Mix McPeak
Commissioner

Application To Certify Loss And Expense Reserves For Captive insurance Companies

Is this application for an individual or a firm? * _____ Individual _____ Form

GENERAL APPLICANT INFORMATION SECTION

I, the undersigned, hereby apply for authorization to certify as to the adequacy of loss reserves and loss expense reserves for captive insurance companies formed under Tenn. Code Ann. § 56-14-101 et seq., Revised Tennessee Captive Insurance Act.

1a. Company Name:

1b. Name of Firm Partner Making Application: *

1c. Full Legal Name:

First Name: * Middle Name: Last Name: Name Suffix: (Jr., Sr., etc.)

2. Address

Address Line 1 (no PO Box):

Address Line 1 (no PO Box):

Address Line 1 (no PO Box):

City: * State: Postal Code:

Country: (other than USA/Canada) Province: (if Canada)

3. Date of Birth: * and Social security Number: *

____/____/____ _____

4. **Education and Degree: please list those institutions from which you graduated.**

(Indicate major concentration and actuarial exams if completed if not a Fellow)

Institution Type: *

Institution Name: *

City:

State: *

Degree: *

Field of Study:

(Attach additional pages if required.)

5. **Professional Societies and Association Membership**

6. **Current Employment**

Company Name: **

Address Line 1 (no PO Box): *

Address Line 2 (no PO Box): *

Address Line 3 (no PO Box): *

City: *

State:

Postal Code:

Country (Other than USA/Canada

Province (if Canada)

Present Position: *

Date Assumed: *

Length of Time with Employer:

Years: *

Months:

7. **Do you concurrently hold other jobs, directorates or offices? *** _____ Yes _____ No

*(Please indicate other jobs, directorates, or offices concurrently held.) **

8. **Please provide a complete employment history for the past twenty (20) years (up to and including present jobs, positions, directorates, or offices).**

Company Name: *

Address Line 1 (no PO Box):

Address Line 2 (no PO Box):

Address Line 3 (no PO Box):

City: *

State:

Postal Code:

Country (Other than USA/Canada

Province (if Canada)

Position: *

Length of Time with Employer:

Begin: *

End: *

(Add additional pages if required.)

9. **Describe your experience with establishing property and casualty loss reserves and loss expense reserves.***

10. **Identify the captive accounts you will be certifying.**

11. **In order to qualify to sign statements of opinion relating to loss and loss adjustment expense reserves for a captive insurance company, you must qualify in one or more of the following areas. Indicate which areas you qualify for by checking the appropriate box(es).***

_____ A member of the Casualty Actuarial Society with three (3) years of property and casualty loss and loss expense reserve experience.

_____ A member in good standing of the American Academy of Actuaries with at five (5) years of property and casualty loss and loss expense experience.

_____ A property and casualty loss reserve specialist with at least ten (10) years experience, three (3) of which shall have included responsibility for

- a. the overall reserve level or a significant portion of the over all reserve level, or
- b. qualifying overall reserves or a significant portion of over all reserves, or
- c. the prospective evaluation of the reasonableness of the overall reserves or a significant portion of the overall reserves.

ATTACHMENTS AND EXHIBITS SECTION

Please attach the following documents to this exhibit as attachments:

1. **Your resume or curriculum vitae;**
2. **A certified copy of a criminal background check from your state and federal law enforcement agencies;**
3. **Certified copies of any disciplinary orders issued against you by any professional organizational to which you belong;**
4. **Copies of all professional licenses that you hold;**
5. **Copies of the resumes and/or curriculum vitae of all persons who would be employed or assigned actuarial work by you.**



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CERTIFICATION

I hereby certify and declare, under penalties of perjury:

- 1, That the information and materials provided in this "Application to Certify Loss and Expense Reserves For Captive Insurance Companies" are true and correct to the best of my information, knowledge and belief; and
2. That I have read and understand all of the requirements and provisions of the Revised Tennessee Captive Insurance Act (Chapter 13 of Title 56, Tenn. Code Ann.)

By typing my name in the indicated fields, I am agreeing to conduct business electronically with the State of Tennessee in accordance with the Federal Electronic Signatures in Global and National Commerce Act (E-Sign), 15 U.S.C.A. §§ 7001-7031 (Supp. 2001). I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form, and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies this requirement.

Dated this _____ Day of _____, 20____

(Printed Name of Officer / Principal)

(Signature of Officer / Principal)